1. PLACE OF DEATH	988
County Money omen	Registration Dist. No. 2/4
Village or City Silks Starning	NoSt.,Ward
Length of residence in city or town where leath occurredyrs,n	(If death occurred in a horpital or institution, give its NAME instead of street and number) 105ds. How long in U.S. if of foreign birth?yrsmosds,
~ 2/ \ (1/1/1 0)	
2. FULL NAME Harry It lattright	If U.S. Veteran specify WAR
(a) Residence: No. (Was place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January (Month) + (Day) (Year)
5a, If married, widowed, or divorced	
HUSBAND OF anna Elizabeth Spendle	22. I HEREBY CERTIFY. That I attended deceased from
Jan. 20/871	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, etm.
66 11 23 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Heart attass.
kind of work done, as SPINNER farmer. SAWYER, BOOKKEEPER, etc.	dead on arrival
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
10. Date decessed last worked at this occupation (month and year)	
12 DIDTINI ACT (situations)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Read on arrival
13. NAME A albright.	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Chapman -	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Chapman -	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT M Charles A. Creeme (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Light Sa Date / 4 1936	Nature of injury
19. UNDERTAKER Wayner of Lymphics (Address) Silver Spring	24. Was disease or injury in any way related to occupation of deceased?
20. FILED M. 4 , 1937 JE Windows Register.	(Signed) Selves Spriffy Waryland
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. a.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			4

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
---------------------------	------------------------------

Jo BINDING RESERVED may that MARGIN efully ā DEATH plnods OF CAUSE M

County

HUSBAND of

(or) WIFE of

(State or country)

15. MAIDEN NAME

(Addrass)

20. FILED.

(State or country)

(State or country)

13. NAME

3. SEX

7. AGE

OCCUPATION

FATHER MOTHER 17. INFORMANT 19. UNDERTAKER

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and occupation ... 14. BIRTHPLACE (city or town) 23. If daeth was dua to axtarnal causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) __ () Where did Injury occur? ... (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL CREMATION. OR REMOVAL Menner of Injury Neture of Injury. 24. Wes diseese or Injury in eny way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10	(3)	<u>a</u>	

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RESERVED

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Chronic interstitial nephritis, 19FAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

	STATE OF	MARYL	AND-	-CERT	IFICATE	OF	DEATH
--	----------	-------	------	-------	---------	----	-------

1	70	9	3	10
-7	2	. <		3
1	3	U	P.	1

1. PLACE OF DEATH					17017
County onthings and			(179)	Registration Dist. No	218
	gt n Gro	(1f		St.	, Ward and number)
2. FULL NAME					
		Grove ld	* St., Ward.		
	(Usual place			If nonresident give city or towr	
PERSONAL AND STATIST	TICAL PARTI	CULARS		CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Day)	193_7(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William	Backer			Y CERTIFY, That I atte	
6. DATE OF BIRTH (month, day, and year)	ah 25	1899		Jan (28 ,19.	
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows:	led above, at 3 in Am. ATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total t' spar	ime (years) 11 ntin this 11 upation		benata forsoning intake forso tto portance:	Date of one of
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	yland mfrei many			Date Was there	40.0
15. MAIDEN NAME Joseph 1 16. BIRTHPLACE (city or town) (State or country)	ne Ubru eina Ge		23. If death was due to external ca	auses (VIOLENCE) fill in also the folk	owing:
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	D.A.	1 277	Specify whether injury occurred Manner of injury	in INDUSTRY, in HOME, or in PUBLI	C PLACE.
19. UNDERTAKER PILEST C. (Address) Control 20. FILED Jan. 30, 19 37 CS	- 2	Sooke Registrar.		way related to occupation of deceased Broschael Gaither burg	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	- LAND	(2)	DEATH	
County Monly werey			Registration Dist. No.	2//.
Village or City Oleny, Grant	O Caill	death occurred in a hospital organististic	Gent No St., on, give its NAME instead of greet a	
2. FULL NAME Stillbarn &	Baly Bel	e If U. S. Veteran, s	necify WAR	
(a) Residence: No.	ce of abode)	St., Ward.	Olvey Mr. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CE	RTIFICATE OF DEATH	1
	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	(Minth) (Day)	, 193 (Your)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	0		CERTIFY, That 1 atten	ded deceased from
DATE OF BIRTH (month, dey, end yeer)	27. 1937	Nest saw h Stellive and	rasil 19	; deeth is sale
Stillbores Days (If LESS than I dey,hrs. ormin.	to have occurred on the date steted The PRINCIPAL CAUSE OF DEATH were as follows:		Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		OF III	J.J.	1/_/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this necuration (month and		Sungm		127/3
	I time (years) pent in this ccupetion		•	
2. BIRTHPLACE (city or town) Olivery (State or country)	200	Other Contributory Causes of Impor	tance:	
	et-	· Ywne		
14. BIRTHPLACE (city or town) Saledy (State or country)	Spring	Neme of operation. Nove	Date Laurentine Westhere	of an autopsy? M
15. MAIDEN NAME alue Blee		23. If death was due to external caus	es (VIOLENCE) fill in also the follo	wing:
15. MAIDEN NAME Olice Bill 16. BIRTHPLACE (city or town) Parsistan (State or country)	on	Accident, suicide, or homicide? Where did Injury occur?	Date of Injury	, 19
17. INFORMANT Haspital Rec.	ordo:	Specify whether Injury occurred In	(Specify city or town, county and INDUSTRY, In HOME, or In PUBLIC	State) PLACE,
8. BURIAL, CREMATION OR REMOVAS hash & tree	£ cen 37	Menner of Injury Neture of Injury		
19. UNDERTAKER JULY BULL.	nd-	24. Was disease or injury in any we	y related to occupation of deceased	710
20, FILED M. 2 9 , 1937 Q. S. (B) a	mela.	(Signed) Ohasla	Wimp les	8 A. M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH 637
1. PLACE OF DEATH	(200)
County Trout govern	Registration Dist. No. 223
Village or City Dalkon Park Jank	No. 608 Carroll are st Ward
Length of residence In city or town where deeth occurred vrs. 6 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,ds,
P - C . N . D 2	Town long in 0.3. It of foreign diffus
2. FULL NAME Cora Druffth Dru	elding
(a) Residence: No. Jederalsburg hu	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced	
(or) WIFE of William & Breeding	1 HEREBY CERTIFY, Thet I ettended decesed from
6. DATE OF BIRTH (month, dey, end yeer) October 1, 1862	I lest sew here alive on land 16 1937; deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stered above, et 11.556m.
74 3 /6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8 Trade profession or particular	Carelad thrombosis Date of onset,
SAWYER, BOOKKEEPER, etc.	<u></u>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month and	Hemylegia)
10. Date decesed lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Caroline County	Other Contributory Canses of importance:
(State or country)	author clarous withour
The state of the s	
13. NAME TO STATE THE STATE OF	
14. BIRTHPLACE (city or town) - Zuanyland (State or country)	Neme of operation Date of
	What test confirmed diegnosis? Wes there en eutopsy? Lo
15. MAIDEN NAME Than grettloss 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Umaryland	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT De Earle J. Breeding	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washing tout Poste Jan 17 1937	Manner of Injury
anget washing a	Nature of injury
19. UNDERTAKER 776 WWW W. Typory Co	24. Wes disease or Injury In eny wey releted to occupation of deceased?
(Address) 1300 97. 15 90 w	If so, specify
20. FILED Jaw 17, 1937 26 6 Rogers	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
topics and interpretational Proof of the second			
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	50
County Montgomery	Registration Dist. No. 2
Village or City Darnascus	NoSt.,Ward
Length of residence in city or town where death occurredyrs/mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darah longe	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SBK 4. COLOR OR RACE 5. SINGLE/MARRIED, WIDOWED,	21. DATE OF DEATH
Senuel Tolic OR DOORCED (write the word)	193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of Josef Buy and	22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 8, 187	I last saw h alive on Jam . 11 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1120 b.m.
58 671 11 3 1 day,hrs	were & follows: CAUSE OF DEATH end letated causes of importance
8 Trade profession or particular	Careinoma & Left breast Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	With melastakes generalised
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased lest worked et 11. Total time (years)	more than one year ago
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation spent in this	
	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town)	***************************************
	110000000000000000000000000000000000000
E	War to the Feet Greas amoutation At 1931
4 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
置 15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
Ξ /	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Is attender.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE,
17. INFORMANT (Address) Can Esta Add	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
W Place Gongressional Date Jun 18, 193	Neture of injury
19. UNOERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2900 Monah. R.C.	If so, specify A. f
20. FILEO Jan, 14, 19 37 Della W. Burdet.	(Signed) Leone M. Done M. O. (Address) Diamas Cus Ms.
	, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
M	(97)
County I a ntgomery	Registration Dist. No. 214
Village or City Lay Hell in Same Co. (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coro Collen Burres) If U. S. Veteran, specify WAR
D 1: 11 2 - 6 ; 61	R1 4 1
(a) Residence: No. Day Yulf F.O. Salver Soum (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Kichard Survis	Dec. 19 th, 1936, to January 20th, 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h_lad_ alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.30 A.m.
84 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A A
A Trade, profession, or particular,	General Septemma 1/9/37
work was done, as SILK MILL, SAW MILL, BANK, etc.	8:0
10. Date deceased last worked at about 11. Total time (years) spent in this 59/24 year) cocupation	Crimary cause of the gangaene of right leg: Datesionsclenosis: Dration his years,
n	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	0 000 0 00 00 00 00 00 00 00 00 00 00 0
	gan open of man sig 71436
14. BIRTHPLACE (city or town) Manyland	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Leveline Walker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Reclicuel Joseph Curius (Address) Lay well - Mich	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mity Mas Date aw FD , 193/	Nature of injury
19. UNDERTAKER Wife. Rosenben Timpling	24. Was disease or injury in my way related to occupation of deceased? 220
(Address) Purphuelle mg	If so, specify
20. FILEO Jan 22, 1937 Margaret C. Tremearne	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB S 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			, , , , , , , , , , , , , , , , , , , ,

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

infor-OCCUPA plnods item PHYSICIANS statement RECORD. PERMANENT BINDING assified. 73 RESERVED

ARGIN

V. S. No.

1. PLACE OF DEATH County Registration Dist. No. 214 No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where deeth (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) (Day) a. If married, widowed, or divirced CERTIFY, Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Days If LESS then to have occurred on the date stated above, at al -0 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trede, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc back may 9. Industry or business in which should work was done, es SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et On 11. Total time (years) this occupation (month end 24 27 spent in this occupation __ 50 Mas instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis? important. 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: MOTHE Accident, suicide, or homicide?______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE Must Date Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) __

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Company homographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
PROCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

OF

f9. UNDERTAKER (Address)

OCCUPA-

should

S

infor

If more blanks are needed, address State Registrar, 2411 (V. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

24. Was disease or Injury

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	Escape.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			^

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11.—The number of years the deceased followed the occupation.

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Example I	i e	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 11 FEB 5 1931	July 5,1927	Peritonitis	3 days ago
TIREAU V. S			/
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is your important. See instructions on hack of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH V. S. No.

	F MARYL	AND-	CERTIFICATE OF DEATH	C12
1. PLACE OF DEATH			93-0	040
County Moutgonier	y		Registration Dist. No. 4.1.	2
Village or City Getten	lda	()6	ND. St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where co. FULL NAME Walkam	death occurred 10 y	rs. 7. mos	. 20_ds. How long in U.S. If of foreign birth?yrsma	osds.
(a) Residence: No. 7/12 -	(Usual place of abo	Cive	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED OR DIVORCED (201	, WIDOWED, rite the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Jear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. October 1st, 1936, to Jan. 15	deceesed from
6. DATE OF BIRTH (month, dey, end year)	ec. 7. 187	0	I last saw because alive on Jan 15th 1937	; death is seld
7. AGE Yeers Months	0 10	If LESS than day,hrs.	to have occurred on the date stated above, at 150 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular			7	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupetion (month and	Twelf 11. Total frime (years)	Brouchopneumoma	Jan-7-ti
12. BIRTHPLACE (city or town) Wash (Stete or country)	ing ten	n 0 ~	Dther Cantributary Causes of importence:	My
13. NAME Samuel C.	Vickiuso	1	artorios deroses -	My
13. NAME Samuel C. F			Neme of operation Dete of	
(Stele of country) Calou	ue, Va.		Whet test confirmed diegnosis? Wes there en e	utopsy? 24)
15. MAIDEN NAME Hasselts 16. BIRTHPLACE (city or town) (Stete or country) Wall	Land	2	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Eng M. Die	kinson	Adala	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATIDA, OR REMOVAL Place V. C. P. Pick Cun	1 Date Jan 1	8 ,1937	Manner of injury	
19. UNDERTAKER WM. Pour	mayld	blury	24. Was diseese or injury in eny way related to occupation of deceesed?	l
20, FILED 1- V7., 1937	B-C. Yer	Registrar.	(Signed) (Address) Advantage Requestion 7) S. No.	,()M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 5 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Every item of infor-	JANS should state	ement of OCCUPA.	1
FOR BINDING	IS A PERMANENT RECORD.	stated EXACTLY. PHYSIC	properly classified. Exact stat	ertificate.
V.S. NO. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(191)
County Monlyonery	Registration Dist. No. 2 7 2
Village or City Martinsburg	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME They also the Works	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
h. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Charles hersey	22. I HEREBY CERTIFY, That I attended daceasad from
DATE OF BIRTH (month, day, and year) 1878	flast sawher alive on for 1fst , 1937; death Is sei
AGE Yaars Months Days If LESS than	to have occurred on the deta stated above, at 2.307m.
59 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profassion, or particular	Character dutistics Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	heparites 1935
9. Industry or businass in which work was done, es SILK MILL,	A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Oate dacased last worked at	Enloyed thywas glast 1436
10. Oate dacaesed last worked at this occupation (month and year)	
man la D	Other Contributory Conses of importance:
2. BIRTHPLACE (city or town) 1. I fully (State or country)	mise as I to the to from
13. NAME DEPARTED A TOTAL	1937
	Name of progration
14. BIRTHPLACE (city or town) (State or county)	Name of operation Oate of What test confirmed diegnosis? Was thara an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath wes due to extarnal causas (VIOLENCE) fill the also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Alexan Showpray	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) No REMOVAR	Manage of Calcum
Plece Matirishing Date 1/19 1935	Manner of injury
O UNDERTAKER LU B. Lilean	Neture of injury 24. Was disaasa or injury in any way ralatad to occupation of deceased?
(Address) Surrelance mo	If so, specify
0. FILEO 1/19 , 1837 EW White	(Signad) White M. (Address) Francisco M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,192	Y Peritonitis	3 days ago
FEB 4 1937		
Other contributory causes of importance: V. S.	Other contributory causes of importance:	
Gallstones May 1,192	3 Gastroenteritis	1 year

V. S. No. 1

IS A PERMANENT RECEND. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-	ertificate.
N. BWRITE PLAMLY, WITH NFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Moulgowery	Registration Dist. No. 2/3
The state of the s	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 30 yrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME WAR May OF OTHER	If U. S. Veteran, specify WAR
(a) Residence: No. 12 1. Att 2 Gormando	Ward,
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 8, SEX 4, COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hull Married (wite the word)	(Month) (Day) (Year)
ia. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fr
(or) WIFE of your fersel Downs	april 1936, to to Jan 227, 193,
B. DATE OF BIRTH (month, day, and year) use 4: 18-8-4	I last saw h. A. aliva on
. AGE Yaars Months Days If LESS than	to heve occurred on the date steted above, at
52 7 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Chromi myocartitas 193
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	(my brandital Necompensate 193)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this 37 year)	
m. P. March A	Other Contributory Causes of importance:
(State or country)	The contraction of the contracti
	to the tracer small
Tank	Name of operation. Note Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Cottorino Coso	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME / Catharing Case 16. BIRTHPLACE (city or town) / Naw-Cah	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT M. Harkest Down- (Address) 14. A ff 2 Germanion M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Darmertours to Dete Jan 24, 1987	- Neture of Injury
19. UNDERTAKER DE R. Parushrey (Address)	24. Was disease or Injury In eny wey releted to occupation of deceased?
20. FILED of & Bi , 1937 Waln D Works Med Registrar.	(Signed) Aptou D house

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HILLEAUV S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1010	Attack of epilepsy Run over by street car	1 week ago
	1921		1 week ago
Cerebral hemorrhage 1 5 1037	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 647
1. PLACE OF DEATH		82-0
County //www.gom	ery	Registration Dist. No.
Village or City near Redl	and.	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel	1 Thomas	times
(a) Residence: No. Rockirlle	mg-R-5	St., Ward.
PEDCONAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA 3. SEX 4. COLOR-OR RACE 5. :	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
	OR DIVORCED (write the word)	Jan - 29 - 193 7
5a. If merried, widowed, or divorced HUSBAND of		- (Month) (Day) (Year)
(or) WIFE Bertie May	Emis	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	- 24- 1877	I last saw has after on 2/-, 1932; death is said
7. AGE Years Menths	Days If LESS than	to have occurred on the date stated abova, et 230 Am.
59 0	orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular	hed on larme	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Jan Jan	Mystardial margicialy 1936
work was done, as SILK MILL, SAW MILL, BANK, etc		Hemorlipida 1936
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (manual and year)	11. Total time (years)	Coserral Lemmany Harth 13-1935
Mausos	occupation	Diher Contributory Causes of importance:
12. BIRTHPLACE (city or town)	lain Go. Va.	
	unis	
E 3000	ahier Con	Name of acception
14. BIRTHPLACE (city or town) (State or country)	ra	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mahaley	Riley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Frague	hier Co,	Accident, suicide, or homicide? Date of Injury 19
≤ (State or country)	ra·	Where did injury occur?
17. INFORMANT Blite May Ex (Address) Rockille May	mie 1- K- 3	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	emelol	Manner of injury
Place miled Trollery	ate / (asa) 26 , 193)	Neture of Injury
19. UNDERTAKER Rose M. Bar	Ger .	24. Wes disease or Injury In any way related to occupation of deceased?
(Address) Washers	yerg my	If so, specify
20. FILED 1-24, 1937. C. S. 1	3 amskey	(Signed) M. D. (Address) garthershug, and
76 mans blank	7	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 1997	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		-		82-0	16
County Mont	g Co thersbur	C	City	Registration Dist. No. A	-1.0
village of Oity			(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or	town where death oc	curred	yrs8mos	ds. How long in U.S. If of foreign birth?yrsm	nosds.
ZI TOLL MAME	aura Jan Haithersb		eer	y St., Ward.	
(a) Residence: No.		Jsual place of		V St., Ward. If nonresident give city or town and	d State
PERSONAL AND	STATISTICAL	PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color of Wh			ED, WIDOWED, (write the word)	21. DATE OF DEATH Jan 31 (Month) (Oay)	37 , 193(Year)
5a. If married, widowed, or divorced HUSBAND of Willi	am S Gre	030		22. I HEREBY CERTIFY. That I attended	deceased from
(or) WIFE of WILLIAM	am b Gre	61.		Was dead 1,19 10 to mein	7
6. DATE OF BIRTH (month, day, end	d year) Feb	13t	h.1858	I last saw h alive on 10 45 Pm, 19	
7. AGE Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
I858 78	11	18	ormin.	were as follows:	Date of onset
8. Trado, profession, or particukind of work done, es S SAWYER, BOOKKEEPER,	ular SPINNER,	House	Wife	ag of cesy	
9. Industry or business in whit work was done, as SILK SAW MILL, BANK, etc	ich II ti	11-6-656			
					-
10. Oate deceased last worked this occupation (month a year)	and "	spent	e (years) in this ation		
				Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	virgin	18		in mountainous	
13. NAME John R	Yeatman				
14. BIRTHPLACE (city or town).	Va.			Name of operation Oate of	1
(State or country)				What test confirmed diagnosis? Was there an	au'opsy?
T	ura A Ki	ng		23. If death was due to external causes (VIOLENCE) fill in also the following	-
16. BIRTHPLACE (city or town). (Stete or country)	Md			Accident, suicide, or homicide? Date of injury	, 19
Metho	dis Home	. H M	Wilsin	Where did injury occur?(Specify city or town, county and State of the state	ite)
17. INFORMANT	Gaither		Md	Sapering whether injury occurred in thousand, in nome, or in Public Pr	LAGE.
18. BURIAL, CREMATION, OR REMO				Manner of injury	
Place Druid			b-3rd-3r	Nature of injury	
19. UNDERTAKER Ernes		rtner		24. Was disease or injury in any way related to occupation of deceased?	
(Address) Ga	ithersbu	rg M	d	If so, specify AM Sarber	
20. FILED Jet. 2 , 193	7 Which	al 4.5	Registrar.	(Signed) (Address) Yarka Market	1 1 2 1
			Acgistrat.	(11041633)	- other - o - president

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Chronic interstitial nephritis = 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PARFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

TARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
county Officer 1 (monlayo	meru Registration Dist. No. 2//
Village or City Dedar Brond	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ofictor Cathing	leu , if U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
711/1/10/1	Jan. 4, 1937, 10 Jan. 18, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I las sw h alive on 1937; death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date state above, at
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	11 1 5 A
9. Industry or husiness in which	26 C C C C C C C C C C C C C C C C C C C
work was done, as SILK MILL, SAW MILL, BANK, etc	
	T
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Storal Burgles 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME 6 tunge 300mm	23. If death was due to external causes (VIOLENCE) fill in also the following:
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(State or country)	Where did injury occur?(Specify city of town, county and State)
17. INFORMANT MY JUNES JUNE June	(Specify city of town, county and State) Specify whether injury occurred in INOUSTRY of HOME, or in PUBLIC PLACE.
(Address) Sactification or REMOVAL ()	
Plece Horest Oaks. Pate Jan 2/ 1937	Manner of injury
E la Hartlan	Nature of injury.
19. UNOERTAKER (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased.
20, FILED Jan 21, 1937 Della QV. Burdelle	(Signed) M.D.
Defit Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

1. PLACE OF DEATH Montgomery			10		650
County				Registration Dist.	No. 225
Village or City Takoma Par	k Wash	nington Sa	aniharium death_occurred in a hospital or insti	- STARAGE	St.,Ward
Length of residence in city or town where d	eath occurred		ds How long in U.S.If	tution, give its NAME instead f of foreign birth?	od of street and number) yrsds
2. FULL NAME Alice H.	Johnson.		6 kis,		
(a) Residence: No. 1650 Ful	ler St.	Washington	, Dot. C. Ward.		, /
(a) Residence. No.	(Usual place		ZOG; . Wald.	If nonresident give ci	y or lown and State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF	DEATH
Female White	5. SINGLE, MARI OR DIVORCEI Marr	RIED, WIDOWED. O (write the word) Led	21. DATE OF DEATH	Jan,	278, 193 37.
a. If married, widowed, or divorced					/
(or) WIFE of Samuel F. John	son.		9 / 1		nat I attended deceased from
		1000			28, 19 37
. DATE OF BIRTH (month, day, and year)			Plast saw h alive on	7 -	
. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE		
59 # 9	28	ormin.	were as follows:		. Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	12.1	Laling	Ineum	and .
SAWYER, BOOKKEEPER, etc.					alun
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	. S. Soc	it			Jan. 1
10: Date deceased last worked at	11 Total ti	me (years)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	193:
this occupation (month and year) December 31, 19	Sper occu	nt in this 20			
2. BIRTHPLACE (city or town) Washin			Other Contributory Causes of im	portance:	0
(State or country)	D. (J.	supri		Jan. c
13. NAME Edward McArthur					
	Unknow	2	Name of operation		Data of
14. BIRTHPLACE (city or town) (State or country)			What test confirmed diagnosis?		
15. MAIDEN NAME Ella A . C	raig.				
	ngton,		23. If death was due to external o		
16. BIRTHPLACE (city or town) Washi	D	C.	Accident, suicide, or homicide?_ Where did Injury occur?		injury, 19
Charles A	Johnson			(Specify city or town,	county and Stale)
(Address) 1650 Fuller S	t. N. W.	•	Specify whether injury occurred	IN INDUSTRY, IN HOME, or	IN PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	and the same		Manner of injury		
Place Oak Hill Cemetery	Datean	30	Nature of injury		
9. UNDERTAKER Maitin M. (Address) 1300 N. St. N	Hyson	4.6	24. Was disease or Injury in any	way related to occupation o	f deceased?
0. FILED / au 28 , 1937 X	PERIO	eis	(Signed)	NITA	the M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1037				
Other contributory causes of importance: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

. 62.

1. PLACE OF DEATH County Manual State No.	STATE OF MARYLAND	CERTIFICATE OF DEATH	651
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. A. Board C. B. How long in J. J. Hy foreign land. A. Rosidence: No. (a) Rosidence: No. (b) Rosidence: No. (c) Ward. (a) Rosidence: No. (b) Hy S. Veltran, specify WAR. (b) Ward. (c) Rosidence: No. (c) Ward. (d) Rosidence: No. (d) How long in U. J. Hy foreign land. (e) Rosidence: No. (c) How long in U. J. Hy foreign land. (d) Hy S. Veltran, specify WAR. (e) Rosidence: No. (f) Hy S. Veltran, specify WAR. (g) Rosidence: No. (h) Ward. (h) March CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, Dat I attended doceased from the word of Husbando of Husb	1. PLACE OF DEATH	<u> </u>	4
Langth of residence in city or town where death occurred	county Montgomery	Registration Dist. No. 722	2
2. FULL NAME (a) Residence: No. (Usual piace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, Or, DIVORCED (write the word) 5a. If married, widowed, or divorced 101 SIANY of Corn, Orle of Corn, O	(If	death occurred in a hospital or institution, give its NAME instead of street and nu	imber)
2. FULL NAME (a) Residence: No. (Usual place of abode) (Month) (Day (Nonth) (N	Length of residence in city or town where death occurredyrs,mos.		ds.
PERSONAL AND STATISTICAL PARTICULARS 9. SEX 14. COLOR OR RACE 15. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (*unite the word) 16. DATE OF DEATH 16. DATE OF BIRTH (month,gey, and year) 17. AGE 18. Trade, profession, or particular into drow down, as a SPINNER, SAWTER, BOUNKEER, etc. 18. Trade, profession, or particular into drow town, as a SPINNER, SAWTER, BOUNKEER, etc. 18. Industry or business in which seed to the date stated above, etc. 19. Industry or business in which seed to the seed of importance were as follows. 10. Date Greated etc. 10. Date Greated etc. 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Washington, and which is all to the following: 18. BURIAL, CEMATION, OR REMOVAL PLACE 19. Mainten of injury occurred in InDUSTRY, in HOME, or in PUBLIC PLACE (Specify whether injury occurred in Industry) 18. BURIAL, CEMATION, OR REMOVAL PLACE 19. Mainten of injury 19. Nature of injury Nature of i	2. FULL NAME Johnson Car		
3. SEX 4. COLOR OR RACE OR DIVORCED Currie the word) 5. If married, widowed, or divorced (cr) WiFe of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Year Months 1 day. 1 day. 1 day. 1 list sew h S.W. 1 list se			iate NA-
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (Month) (Day) (Year) 7b. DATE OF BIRTH (month, agay, and year) Jav 20 9 7 7c. AGE Years Months Deys If LESS than 1 day. In the way of the state stated above, etc. Jav. Jav. Jav. Jav. Jav. Jav. Jav. Jav	4		
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, say, and year) 2 a. 2 o 19 3 7 7. AGE Years Months Days If LESS than 1 day,	Terusle White ORDIVORCED (write the word)	Jan 20	193.7 (Year)
8. DATE OF BIRTH (month, glay, and year) 2 at 2 at 3 at 3 at 3 at 3 at 3 at 3 at	HUSBAND of	22 I HEDERY CERTIES. That I attended d	account from
6. DATE OF BIRTH (month, aday, and year) San 20 9 1 ILESS than 1 day,	(or) WIFE of		
TAGE Years Months Deys ITLESS than 1 day,	6 DATE OF RIPTH (month way and year) Sour 25 1937	01.00	
8. Trade, profession, or particular Rind of work done, as SPINNER, 9. Industry or business in which was specifically and the specific field of work of the season of the specific field of work of the season of the specific field of work of the season of the specific field of work of the season of the specific field of work of the season of the specific field of work of the season of the specific field of work of the season of the specific field of the specifi		, 2 %	
8. Trade, profession, or particular that of work done as SPINER, SAWYER BOOKKEPER RIVER. 9. Industry or business in which work was done as BPIK MILL, SAWYER BOOKKEPER RIVER. 10. Date—breased lest worked at the secupation (month end year) spent in this occupation (month end year). 11. Total time (year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURDEN SAWYER BOOKKEPER RIVER. 19. What test confirmed diagnosis? 19. What test confirmed diagnosis? 19. What test confirmed diagnosis? 21. If death was due to external causes (VIOL ENCE) fill in elso the following: 22. Accident, suicide, or homicide? 23. Date of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 18. Durbert AKER (Address) 26. FILED Accidents suicide, or homicide? 19. What test confirmed injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature o		The PRINCIPAL CAUSE OF DEATH end related causes of importance	
SAVYER, BOKKEPER, etc. SAVYER	8. Trade, profession, or particular	were es rollows:	Date of onset
12. BIRTHPLACE (city or town) Washington Saw May 14. BIRTHPLACE (city or town) State or country) 13. NAME Videor country 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME Of State or country 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT Washington Saw Registral 18. BURIAL, CREMATION, OR REMOVAR Place Say Date Say Dat	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillborn	Jan 20/37
12. BIRTHPLACE (city or town) Washington Saw May 14. BIRTHPLACE (city or town) State or country) 13. NAME Videor country 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME Of State or country 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT Washington Saw Registral 18. BURIAL, CREMATION, OR REMOVAR Place Say Date Say Dat	9. Industry or business in which work was done as ATTK MILL		1
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13. NAME Richard & School 14. BIRTHPLACE (city or town) 20. State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 20. State or country) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. 17. INFORMANT 20. Specify city or town, county and State) 24. Was disease or injury 24. Was disease or injury 24. Was disease or injury 19. 18. BURIAL CREMATION, OR REMOVAL Date 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 19. 19. UNDERTAKER 20. Specify 24. Was disease or injury 24. Was disease or injur			
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or country) 16. BIRTHPLACE (city or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. Date 19. UNDERTAKER 19. UNDE	I IS. NAME Constant Co. School	16	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Unaburation 18. BURIAL, CREMATION, OR REMOVAL Place Monaching Date Jan 21, 1937 19. UNDERTAKER (Address) 20. FILED (Address) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT Unaburation 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupetion of deceased? 15. MAIDEN NAME 25. FILED (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Address) M. D. (Address) Manner of Injury In any way related to occupetion of deceased? M. D. (Address) M. D. (Address)	14. BIRTHPLACE (city or town) during Carlot		
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury 19.			
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(Address) Parkfille M.D. (Signed) Cduae F. Othersone M.D. (Address) Johnson Gark, M.D.	nla po let	W .	
20. FILED (Signed) Caluar F. (Statersons M. D. Registrar (Address) I of our of Tark, and			140
20. FILED (Address) Jahoma Gark, Ind.	The state of the s		
		60.10)M. D.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
- Control of the Cont	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

AGE should be stated EXACTLY.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND— 1. PLACE OF DEATH County Machine Village or City 73 exhauses	Registration Dist. No. 2/6
Length of residence in city or town where death occurred Stroll amos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ds. ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Lampin	If U. S. Veteran, specify WAR
(a) Residence: No Steel Zello Utt., (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Wille Single Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jack. 9- 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	I last saw have a live on Recal Jan. 7-, 1931, to have occurred on the date stated above, atm.
Stellow or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	Premature birth, - Stillborn -
12. BIRTHPLACE (city or town) A Bethera a Mude (State or country)	Other Contributory Causes of Importance: Mother fell on stars,
13. NAME TOLL S. Kampen 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Luby W. Shawblan 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Rally W. Showbasi	Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR KEMOVAL Grand Rochalls Place Doubly Burial Date Com 1, 1987	Manner of injury Ha other fellow stairs, Nature of injury
19. UNDERTAKER Am : Prufuc Pumplung (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1 - 11 19 57 B. C. Persy M.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

CAUSE

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 655
1. PLACE OF DEATH	(3)
County Houlgourses	Registration Dist. No. 218
Village or City Washington For	No. Village St., Ward
Length of residence In city or town where death occurred 2D yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Ima 11) atkins Lacry Lie	huau
(a) Residence: No. Washington Ym	Σ St. Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Jan 7 193 7
Sh. If married, widowed, or givoged	(Month) (Day) (Year)
HUSBAND OF CONTROL TO TOTAL	22. HEREBY CERTIFY, That I attended deceased from
At-ch-1-11812	1934, to 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 420 A.m.
71- 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows: arterio schleracis Osto of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic rephrety 1932
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
Note: The state of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: 1933
(State or country)	- Cerebral bemarkeye 19 36
13. NAME FRU Mm. B. Walkins 14. BIRTHPLACE (city or town). Ohio	
14. BIRTHPLACE (city or town).	Name of operation Date of
U.G.	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Community (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAN Johns Gacry (Address) Washington The Stacky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O LOUSE N.S.	Manner of injury
Place Toelf Creek Date Jun 9, 190	Nature of injury
19. UNDERTAKER WM , Poublic Thurshing	24. Was disease or injury In any way related to occupation of deceased? however
(Address) Pockvellz mill	If so, specify
20. FILED Jaw 8 , 1937 ahula Jaroker	(Signed) M. D. (Address) Laithershung Ind

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Example I	e	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 4 1937	July 5,1927	Peritonitis	3 days ago
Bumpati V. S.			
Other contributory causes of importance:	77 as	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CEDTICICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

WRITE

V. S. No. 1

Exact statement of OCCUPA-

properly classified.

1. PLACE OF	outgomery	,		(160-C) Registration Dist. No.	217
,	Olney,	/			beta Mard
Village or City	cerricy,		(If	No. Montgomers Co. 9ed. HSL,5 death occurred in a horpital or institution, give its NAME instead of street an	d number)
Length of rasidan	ce in city or town where	death occurrad	yrsmos		.mosds
2. FULL NAM	E Joseph	Lewis	We Devit	If U. S. Veteran, specify WAR	
(a) Residence:	No. Rocku	(Usual place	P.F. W. #	St., Ward.	nd State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4	. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
male	white	Sing	D (write the word)	Nanuary (Month) (Oay)	, 1937 (Year)
a. If married, widowed, HUSBAND of	or divorced				ad danaged from
(or) WIFE of				Vec. 21 1936 to Jan. 7	ed decaased from
DATE OF BIRTH (me	onth, day, and yaar)	ccember	21,1936	liast saw h LM alive on January 6 193	
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, et	
		17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end reletad causes of importence ware as follows:	Oate of onse
8. Trede, profession	on, or particular k done, es SPINNER, DOKKEEPER, etc	9.	.+		
SAWYER, B	OOKKEEPER, etc.	Onxa	W.	Moningsles	1/1/3
kind of wor SAWYER, B 9. industry or bus work was d SAW MILL, 10. Oate dacaased	siness in which one, as SILK MILL, BANK, etc				
	last worked at ion (month and	- spe	time (yaars) ent in this upation		
12. BIRTHPLACE (city of		ey mary	land.	Cher Contributory Causes of Importance:	1/21/
1		E. Devitt		Inshumanda Plaling	
13. NAME ///	Ph	ladelph	· 1 cc .	Name of operation Date of	
(State or co	ity of town/	Pa.		Whet test confirmed diagnosis? Yes. Wes there a	n autopsy? 1
15. MAIDEN NAME	Miss Ver	miaa b	ewis	23. If death was due to external causes (VIOLENCE) fill in also the follow	
	ity or town) Phil	adelphia.		Accident, suicide, or homicide? 220 Date of Injury	, 19
E (State or co	ountry)	Po	0.	Where did injury occur? (Specify city or town, county and s	State)
	losp.tal	record	5 -	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
(Address)	GRENOVAL TV	4. 0	<i>C</i> - •	Manner of injury	
Place (Data)	erelle My	Oata Jun	- 8 , 193,b	- Nature of Injury	
19. UNOERTAKER 7	Lames E. G	reslight	ind,	24. Was diseasa or injury In any way related to occupetion of deceased?	220
(Address)	ochvall	. On	Id.	If so, spacify	
20, FILEO Jan 7	1937 C	8.13 w	mole	(Signed)	M.
(/			Registrar.	(Address)	1. 1.23

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Chronic interstitial nephritis FEB 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*	RECORD. Every ifem of i	Y. PHYSICIANS should	Exact statement of OCCI	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	nowtificato
S. No. C. MARGIN RESERVED FOR BINDING	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ifem of i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUCSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	TION is vary important San instructions on hack of continuate

1. PLACE OF DEATH		657
County montgomery	Registration Dist. No. 2.1	4.
O.Ch old .	0	
(If	No. 8710 St., death occurred in a horpital or institution give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foraign birth?m	os ds.
2. FULL NAME Mrs. Frances Udora Murtaugh		
(a) Residence: No. 8710 — Sergia and (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 24 (Month) (Day)	, 193.7 (Yaar)
5a. If merriad, widowad, or diverced HUSBAND of		
(or) WIFE of Thomas & mewlangs	D22. I HEREBY CERTIFY, That I attended January 24, 19 37, to January 24,	deceased from
6. DATE OF BIRTH (month, day, and year) Nec. 12, 1872	KANANIXXXXXXXXX dead on arrival a	dooth le cold
7. AGE Yaars Months Days If LESS then	to have occurred on the data stated above, at 12,30 mp. m.	-, Qaatn 15 SaiQ
6 3 V 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
8. Trade, profassion, or particular	were as follows: Cerebral trombosis	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Diplegia	1934
kind of work done, as SPINNER, SAWYER, BOOKKEFER, atc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decasaed last worked at 11. Total time (years)		-1-3-0-E
SAW MILL, BANK, etc	Crimony Course: Chrowic neplaritie. Cost of.	
10. Date decaasad last worked at this occupation (month and year)	duration: Three years.	
Ment a	Othar Coutributory Causes of Importanca:	
(State or country)	Urenia	Jan. 19
200		
(State or country)	Name of oparetion Date of	
15. MAIDEN NAME Micoa)	What tast confirmed diagnosis?	
All acceptances	23. If daath wes due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	Where did injury occur?	, 19
2 11	(Specify city or town, county and Stat Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e)
(Address)	Spacing whather injury occurred in INDUSTRI, in HUME, OF IN PUBLIC PL	ACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Northery of To Date 1/25, 1937	Natura of injury	
19. UNDERTAKER P. Saffelle (Address) 73B-413	24. Wes disease or injury in any way ralated to occupation of deceased?	4-1
20. FILED an 2 6 1936 F & Windley & Regular	(Signad) (Addrass) 8512 Georgie Ave. Sil. Spo	M, D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

OCCUPATION

FATHER

CAUSE

LION

(Stata or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

20. FILED

14. BIRTHPLACE (city or town (State or country)

16, BIRTHPLACE (city or town) __ ((State or country)

18. BURIAL, CREMATIDN, OR REMOVAL

13. NAME

should

of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. C County. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. Length of residanca in city or town where death occurred____yrs,__. 2. FULL NAME Thomas Marrow If U. S. Veteran, specify WAR (a) Residence: No. Marlens bee If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wate the word) 5a. If married, widowed, or divorcad HUSBAND of CERTIFY. That I attended daceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date statad above, at _____m. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. Data of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.....Q... 11. Total time (years) 10: Date deceasad last workad at this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town)

Was there an autopsy?_.

What tast confirmed diagnosis? Zz 23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Neture of Injury

24. Was disaase or injury in any wey related to occupation of deceased? If so, spacify

(Address) _.

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Registrar.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Ellery II V G			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

See instructions on back of certificate.

TION is very important.

V. S. No. 1

ż

of OCCUPA.

STATE	OF	MARYLAND-	-CERTIFIC	CATE	OF	DEATH
				1-13		

d	0	p	pr.	0	
g.	1	6-	8	g	J
7	3	Q.	3	0	y

1. PLACE OF DEATH	(94-4%)
County Montgomery	Registration Dist. No. 214
Village or City () ada del ()	No. 1205 - Imfald St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the hospital of institution, give its tyanying instead of street and number) ds. How long in U. S. if of foreign birth?yrs,mosds.
2. FULL NAME Harry B. Wichels	NA
(a) Residence: No. 1205- Qualification (Usual place of abode)	St., Ward. Woodsule Ild If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Warted	21. DATE OF DEATH 12
5a. If married, widowed, or divorced HUSBAND of 744	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Marvel / W. Mehoto	Vorauler 1936 to law 12 th 1937
6. DATE OF BIRTH (month, day, end yeer) april 12, 1882	I lest sew h Lux elive on Jenuary 1 1937 ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at ?
54 9 0. 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc.	Crimary Throubous
work wes done, es SILK MILL, Course	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cautou	College Control of Con
(State or country)	arterio relevis
13. NAME Chas D. Michael 14. BIRTHPLACE (city or town) Professor 15. NAME 16. DATE 17. NAME 18. NAME	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mineria H Javes	23. If death was due to externel ceuses (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Mineria H Travis 16. BIRTHPLACE (city or town) Bradford	Accident, suicide, or homicide? Date of Injury, 19,
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Mablel Mr. Mehols (Address) 1205- Garfield St	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Washington Date Jan. 14, 1937	Nature of Injury
19. UNDERTAKER aluns K. Skeare	24. Wes disease or injury in eny way related to occupetion of deceesed?
(Address) 3637-Eastern ave. WE.	If so, specify
20. FILES an 13 1937 7-5. Wudlen do	(Signed) Run. Earl Clark M. D.
USULA CRessinar.	(Address) 1029 - Varment air - Wash DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE :	FOR :	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	97)
County Montgomery Village or City Sakoma & ank mad	Registration Dist. No. 12.23 No Washington Saw Y Abest Ward If death occurred in a hospital oransitution, give its NAME instead of street and number)
	sds. How long in V.S. if of foreign birth?dysmosds.
2. FULL NAME Mr. Casl Olson	If 以, S. Veteran, specify WAR
(a) Residence: No. 34 Freemont ave. La (Usual place of abode)	Rostsu Paratale, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regize the word) Male White Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Baumbach Olson	22. I HEREBY CERTIFY. That I attended deceased from 1937, to 50-21, 1937 I last saw h 1 22, alive on 21, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
Kind of work done, as SPINNER variety Decorated SANYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Service arteris clerosis Lefection of R. Leg., Nov. 193 Other Contributory Causes of importance:
13. NAME Olaf Peterson Olson H 14. BIRTHPLACE (city or town) Suredon	Name of operation Oate of What test confirmed diagnosis? Sy wyttens Was there an autopsy? Y.W.
15. MAIDEN NAME 7 Terstin 16. BIRTHPLACE (city or town) Sweden (State or country) 17. INFORMANT Washington San Records (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL. Place Work, Memors of Papate Jan 77, 19.37	Manner of injury
19. UNDERTAKER V. M. 6 kanbers 60. (Address) 918 Gleveland are Riverdele, Ma	24. Was disease or injury in any way related to occupation of deceased? 110 If so, specify (Signed) OSParrow M. D.
20. FILED Jan 22, 19.3 7 76. 6. Nogeth	(Signed) (Address) 222 Manle aux Tabonia Hale

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2 2	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1	infor-	state
Y	tem of	pluods
	Every i	CIANS
	ECORD.	PHYSIC
5	NENT R	CTLY.
BIND	PERMA	EXA
FOR	IS A	stated
VED	THIS	ld be
SER	NK-	shou
RE	ING	AGE
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	WITH	efully
	MLY,	e car
1	PLAT	hould b
	-WRITE	mation s

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CE	RTIFICATE OF DEATH
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U.	U	JE

1. PLACE OF DEATH	11-0.3
county Montgomery	Registration Dist. No. 2/3
Village or City Ratherillo	
Length of residence in city or town where deeth occurredyrs	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number) S. mos. L. d.s. How long in U.S. if of foreign birth? Sight yrs. mos
2. FULL NAME My. Irving See	rouge laul
(a) Residence: No. 403 — modul (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the married)	(word) 4 , 193 /
a. If married, widowed, or divorced B Paull	
HUSBAND of Cerden B. Vallet	22. I HEREBY CERTIFY, Thet I attended deceased fr
DATE OF DIPER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76 Hastoowh elive on 1 1937 death is se
AGE Yaars Months Days If LES	I last eaw h elive on 193 f; death is so
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular	min. wara as follows:
kind of work done, as SPINNER, Business and	Lys Mellenzal Meumonia 1-12-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
kind of work done, as SPINNER, Business and SAWYER, BOOKKEPER, atc	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation conjugation.	35-914
Famberto illo	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) The Control (State or country)	
13. NAME John Paule	
13. NAME John Jaule 14. BIRTHPLACE Soity or town)	Nama of operation Data of
(State or country)	What test confirmed diegnosis? Was there an europsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Carracta	Whara did injury occur?
7. INFORMAN hrs Darothy mac, Hally	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Cometery	Mannar of injury
Place Clengton Date 1-16	20
9. UNDERTAKER SS. Sawlers Sons	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) 1756 - Fa. One hw	If so, specify
0. FILED 1 4 , 1937 ms. W.T. Prac	(Signed) (Address) My Will My

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

		ADDI	TIONAL S	SPACE	FOR	FURT	THER S'	TATE	MENTS	BY	PHYSICIAN
CORRECTION	OF	AGE:	Letter	filed	1 2/	8/37	under	Dr.	Murph	v.	- L.

N. B.-WRITE

V. S. No. 1

item of infor-

1. PLACE OF DEATH		93-0	
County Monta	omery	Registration Dist. No	218.
Village or City Gell	e grove	No. H. F.D.	St. Ward
	50 / (1	f death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
Length of residence in city or town w	here death occurred 8 yrs 6 mos	ds. How long In U.S. if of foreign birth?yrs	ds.
2. FULL NAME Callly	Elizabeth Vlin	If U. S. Veteran, specify WAR	.,,
(a) Residence: No. Gela	2 Lebra mod	St., Ward.	
DEDCOMM AND COLO	(Usual place of abode)	If nonresident give city or to	
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	VTH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH fan. 1.3	· 7
0. 1	Meerred	(Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBANO of	Pl	22. I HEREBY CERTIFY, That I a	ttondad dossasad from
(or) WIFE of Owll	Vammer	Han 6 127 10 Jan 1	3 10 7
6. DATE OF BIRTH (month, day, end year)	July 13, 1878	l last saw h 22 alive on Jan 3	957 ; death is said
7. AGE Years Month		to have occurred on the date stated above, at 230 Q m.	7, death 13 381d
58 6	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	ce
8. Trade, profession, or particular	ormin.	were as follows:	Oate of anset
kind of work done, as SPINNER	Housenda	orum mannion of	1 day
9. Industry or business in which		Polerous Myorardite: 241	worm
CAW MILL BANK oto		The same of the same	
10. Date deceased last worked at this occupation (month and	11. Total time (years)		
year) + an . 4 . 1	Occupation depe	Other Contributors Canses of importance:	- 0
12. BIRTHPLACE (city or town) C.	as Lyova	Acute Provelila	8 days as
(State or country)	o mil		10
II 13. NAME Joseph	Debley		
14. BIRTHPLACE (city or town)	elar Grove	Name of operationD	ate of
(State or country)	md.	What test confirmed diagnosis? Was th	3-
15. MAIDEN NAME Harrie	+ any Benson	23. If death wes due to external causes (VIOLENCE) fill in elso the f	
16. BIRTHPLACE (city or town)	smaret-in	Accident, suicide, or homicide? Oate of injury.	
(State or country)	ma	Where did injury occur?	
Miss Form	1. 1. 1. 1.	(Specify city or town, county Specify whether injury occurred in INOUSTRY, in HOME, or In PUE	and State)
17. INFORMANT (Address) "PD D G	smarl nd	opening mining occurred in the darket, in nome, of his de-	DETO PEROE.
18. BURIAL, CREMATION, OR REMOVAL	P- 0	Manner of injury	**************
Place Clem M.E. Cems	lesy Date Jan. 10 1937	Nature of injury	
Than G	Presidente	24. Was disease or injury in any way related to occupation of decea	and? No
19. UNOERTAKER / CAUCHO CO	Il not	If so, specify	seu?
1 1/ 12/	1 4 10 1	(Signed) Lenga M. Bour	
20. FILEO Jaw 17, 1931 Lis	Registrar.	(Address) Damases 2	nd
	i\cgistrar.	(United) to the second the second	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
·	County Montgomery	Registration Dist. No. 2/7
item of should of OCC		No. Montgomery Cosaty Generalst., 10 > p Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town whare daath occurredyrsmos.	
CABD. Every PHYSICIANS oct statement		If U. S. Veteran, specify WAR
RD IYS	(a) Residence: No. Sudy Spring Md. (Vsual place of abode)	St., Ward. If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E 2 .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH January (Month) (Day) (Yeer)
BINDING ERMANEN EXACT y classified te.	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
MA KA lass	(U) HIFE U	December 20, 1936, 10 January 7, 1937
BI E E E	6. DATE OF BIRTH (month, day, and year) February 2, 1927	I last saw ham aliva on January 7, 19.37 ; death is said
FOR B IS A PH stated E properly certificate	7. AGE Yaars Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
~ 00	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7 11 12/
ESERVEL INK-THISE should be at it may be soon back of	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	mpuenge /20/3/
ERVJ VK—T should it may n back	SAW MILL, BANK, etc	1 0 / 4
ES IN	O this occupation (month and spant in this occupation	
NFADING I plied. AGE rms, so that instructions	12. BIRTHPLACE (city or town) QINEY, 7	Other Contributory Causes of importança:
GIN 'ADI	(State or country) Maryland	D 1 () 121 1
MARG NF Supplie n terms ee instr	13. NAME Melvin Proctor	Broncho Eneumona 12/3/
MARG TTY NFA ally supplied plain terms,	14. BIRTHPLACE (city or town) Philadelphia.	Name of operation NONL Date of
WITY fully n plai	country / w.	What test confirmed diagnosis? examination Westhere an autopsy? 10
W] efu in ant.	15. MAIOEN NAME Mary Swales	23. If death was due to external causes (VIOLENCE) fill In also the following:
car CH ort	16. BIRTHPLACE (city or town) Brookeville	Accidant, suicide, or homicide?, 19, 19, 19
LATKLY, W lid be carefu DEATH in	17. INFORMANT Hosp. Records. (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
TE PLA n should SE OF DI	18. BURIAL, CREMATION, OR REMOVAL Place Savely Species - Oate 10 ,1977	Manner of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Robert & Surveyeer	24. Was disaase or injury in any way related to occupation of deceased? 200
V. S. No.	20. FILED Grand 10, 1937 Barnsley Resistrat.	(Signed) Chas Simuleson, M. D. (Addrass) Loude Changen
	If more blanks are needed, address State Registrar,	Out of Miles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	test by	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
and the second s					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

AGE Vears Months Days II LESS than Law August 19.3.7. to Jaway U.S. 19.3.7. to Jaway U.S	1. PLACE OF DEATH	OF MAKI		ERTIFICATE OF DEATH	12
Langth of residence in city or town where dasth occurred yrs. mos. As. How long in U.S. If of reging brith? yrs. mos. da. 2. FULL NAME To by Ates Ret II U.S. Veteran, specify WAR. (a) Residence: No. Quittery Start and Red II U.S. Veteran, specify WAR. (b) Residence: No. Quittery Start and Red II U.S. Veteran, specify WAR. (c) Residence: No. Quittery Start and Red II U.S. Veteran, specify WAR. (d) Residence: No. Quittery Start and Red II U.S. Veteran, specify WAR. (ii U.S. Veteran, specify WAR. (iii U.S. Veteran, specify WAR. (iii) U.D. Veteran service with the word of the w	County Montgome	ry Count	<u>- 4</u>	Registration Dist. No	11,,
Langth of residence in city or town where dash occurred yrs. mos. 43. 45. How long in U. S. If of foreign birth? yrs. mos. 45. 2. FULL NAME. John Jakes Rath Land Ward Land Barbard Residence: No. Qaillay Day 2 May 2	Village or City Olney	maryla	bu	No. Montgamery County Ocsalevo	LI HWard
(a) Residence: No. Quithey Shay Quither of abode (Ushalplace of abode) PERSONAL AND STATISTICAL PARTICULARS SEX	Length of residence in city or town who	vere daath occurred			
Cubalplace of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS	2. FULL NAME John You	ites Rat	1.14	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (carrie the word) 21. DATE OF DEATH 22. I HER EBY CERTIFY. That I altended decessed from (worth) (rear) 22. I HER EBY CERTIFY. That I altended decessed from 1937. 1 Last saw h.1.37 alive on Samual 1937. 1 Last saw h.1.37 alive on Samual 1937. 1 Last saw h.1.37 alive on Samual 1937. 23. Trade, profession, or particular lind of work done, as SPINER. 24. SAWYER, BOOKREPER, etc. 25. PARTIPLACE (city or town). 26. STRIPLACE (city or town). 27. INFORMANT. 28. Trade, profession, or particular lind of work done, as SPINER. 28. SAWYER, BOOKREPER, etc. 29. Industry or business in which spent in this secupation (month and year) 29. SIRTHPLACE (city or town). 20. SIRTHPLACE (city or town). 21. BIRTHPLACE (city or town). 22. BIRTHPLACE (city or town). 23. If death we due to externed courses (VIOLENCE) fill in elso the following: 24. Accident, suicide, or homicide? 25. Date of injury. 26. Specify whether injury occur? 27. INFORMANT. 28. Trade, profession, or particular lind of work done, as SPINER. 29. FILED - 9. 20. FILED - 9. 21. DATE OF DEATH 22. I HER EBY CERTIFY. That I eltended decessed from the decessed in the company of the decessed in the control of the decessed in the control of the decessed in the control of the decessed of the	(a) Residence: No. Qaithe				
1. SEX 4. COLOR OR RACE OR DIVORCED (write the world) OR DIVORCED	PERSONAL AND STATIS				1 State
AGE Vears Months Day ILESS than Date of work done, as SPINKER, SAWER, BOOKKEPER, etc. 9. Industry or business in which works done, as SPINKER, SAWER, BOOKKEPER, etc. 10. Date of work done, as SPINKER, SAWER, BOOKKEPER, etc. 11. Total time (years) occupation (month and year) occupation (month and year) occupation (month and year) 12. BIRTHPLACE (city or town). Was a Constant of the control of the dete stated above, at. L. R. m. 14. BIRTHPLACE (city or town). Was a Constant of the control of the dete stated above, at. L. R. m. 15. Tride, profession, or particular kind of work done, as SPINKER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINKER, SAWER, BOOKKEPER, etc. 10. Date deceased last worked at worked at years occupation (month and years) occupation. 12. BIRTHPLACE (city or town). Was a Constant of the control of the dete stated above, at. L. R. m. 13. Tride, profession, or particular kind of work done, as SPINKER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINKER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work and at years occupation. 10. Date deceased last worked at years occupation. 11. Total time (years) occupation. 12. BIRTHPLACE (city or town). Was a control occupation. 13. Name of operation. 14. BIRTHPLACE (city or town). Was a control occupation. 15. BIRTHPLACE (city or town). Was a control occupation. 16. BIRTHPLACE (city or town). Was a specify. 16. BIRTHPLACE (city or town). Was a control occupation. 17. INFORMANT. Was a control of becaused? 18. BURKAL, paskation, or removed the determinance of injury. 19. UNDERTAKER. 19. JARTHPLACE (city or town). Was a control occupation of deceased? 19. UNDERTAKER. 19. JARTHPLACE (city or town). Was a control occupation of deceased? 19. UNDERTAKER. 19. JARTHPLACE (city or town). Was a control occupation of deceased? 19. UNDERTAKER. 19. JARTHPLACE (city or town). Was a control occupation of deceased? 19. UNDERTAKER. 19. JARTHPLACE (city or town). Was a co					
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DATE OF BIRTH (month, day, and year) DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than Days Days Days Days Days Days Days If LESS than Days Days Days Days Date of onset Longuard Days Date of onset What test confirmed diagnosis? Date of injury Name of operation What test confirmed diagnosis? Date of injury Date of injury Name of operation What test confirmed diagnosis? Date of injury Date of injury Name of injury Name of injury Nature of injury Nature of injury Place Date of injury Date	HUSBAND of			22. I HEREBY CERTIFY, Thet I ettended	deceesed from
AGE Years Months Days If LESS than I day					
8. Trade, profession, or particular kind of work dome, as SPINNER, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town). Quant Carchard (State or country) 13. NAME No Was dome, as SILK MILL, SAW MILL, BANK, etc. 14. BIRTHPLACE (city or town). Quant Carchard (State or country) 15. MAIDEN NAME Mass Address 16. BIRTHPLACE (city or town). Mass Address 17. INFORMANT As A Country 18. BURIAL, CREMATION, OR REMOVAL Actions of the country of the c		-			; death is said
8. Trade, profession, or particular kind of work done, as SPINKER, SAWYER, BOOKEPER, etc. 9. Industry or business in which socupation (month and year) 10. Data deceased last worked at this occupation (month and year) 11. Total time (wears) spent in this occupation (month and year) 12. BIRTHPLACE (city or town)	. AGE Years Months				
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town). May 1 and 13. NAME W. Waster or country) 13. NAME W. Waster or country) 14. BIRTHPLACE (city or town). Me of Need and worked at this occupation. Wester or country) 15. MAIDEN NAME W. Waster or country) 16. BIRTHPLACE (city or town). Waster or owner or operation. Wester or owner or operation. Operation of operation. Operation of operation. What test confirmed diegnosis? Wester or owner or operation. Wester or owner or operation. Operation of operation. Oper	1 0 T-1	1201	ormin.	were es follows:	Date of onset
Second State or country Stat	kind of work done, as SPINNER,	Inxant		Consecrated Heat	12/11/
Other Contributory Causes of importance: Other Contributory Causes of i	9. Industry or business in which)		A -	- State
Other Contributory Causes of importance: Other Contributory Causes of i	SAW MILL, BANK, etc.	11 Tabel bima	· · · · · · · · · · · · · · · · · · ·	ausrose.	-
Other Contributory Causes of importance: Other Contributory Causes of i	tino occapation (month and	spenti	n this		
(State or country) 13. NAME No water Ration 14. BIRTHPLACE (city or town) Moor field (State or country) 15. MAIDEN NAME Miss Hattle Movey 16. BIRTHPLACE (city or town) Mest the Movey (State or country) 7. INFORMANT Maryland 7. INFORMANT Mest the Records (Address) 8. BURIAL, CREMATION, OR REMOVAL Authority Place Maryland Manner of injury Nature of injury 15. Manner of injury Nature of injury in eny way related to occupation of deceased? If so, specify (Signed) M. P. (Signed)	<u> </u>	0.	1	Other Contributory Causes of importanca:	
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(Specify city or town, county and State) 7. INFORMANT	15. MAIDEN NAME MISS HO	attie mor	oley	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following	g:
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(Address) 8. BURIAL, CREMATION, OR REMOVAL Paintenting and 10, 19.3.7 Place May Oak - Date and 10, 19.3.7 9. UNDERTAKER Of M. Prince of injury 16. So, specify 16. So, specify (Signed) 17. C. S. Barnsler (Signed)	(State or country)	Mary land	_	Where did injury occur? (Specify city or town, county and St	ate)
8. BURIAL, CREMATION, OR REMOVAL Sautaring Place Manner of injury 19. UNDERTAKER (Address) (Address) (Signed) Manner of injury Nature of injury Natur	The state of the s	1 Trecord	3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
Place May Date au 10, 19.37 Nature of injury 19. UNDERTAKER May Proceed to occupation of deceased? (Address) Cockerells May (Signed) (Signed) M. P.	18. BURIAL, COMMATION, OR REMOVAL	uterstury 1	1.	Manner of injury	
(Address) Rochwells med 1 If so, specify 10, FILED 1-9- 1937. C. S. Barnsler (Signed)	Place Mas Valo - d"	Date Date	L 10, 19.3.7		
20. FILED / - 19.0 /. C. 0.00 avviday		when His	wither		
	20. FILED 1-9- , 1937. (C.S. Barns	Registrar.		L M. P

Exact statement of OCCUPAstated EXACTLY. PHYSICIANS should A PERMANENT RE properly classified. ARGIN RESERVED FOR BINDING certificate. SI NFADING INK-THIS pe AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

state

Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	930 (1)
County Montgomery	Registration Dist. No. 2/3
	Chestnot Ludge Sanitariumst., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Cady, Frank J	If U. S. Veteran, specify WAR
(a) Residence: No. 1503 Lamon (Usual place of abode)	St., Ward. Washington, D.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word). White Widowed Manne	21. DATE OF DEATH Jen 22, 193 2 (Month) (Dey) (Year)
5a. If married, widowed, or divorced Alic & Perdue (2nd wife)	20 1122227
is your Margaret Fra eldecosil	Scot 13 1935 to Jan 22 1987
6. DATE OF BIRTH (month, day, and yeer) Sept 11, 1857	I last saw h. 1 2 elive on Jan 22 , 1937; deeth Is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
80 4 11 aday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, BOWKERPER, etc.	Date of onset
9 Industry or business In which	Chronic Myocarditis ?
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end 1933 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Kentucky	Other Captributory Canses of importance: Cerebial Heminals P. 1933
(State or country)	Cerebral Itr terioscleros, 1935
13. NAME James W. Ready	
13. NAME James W. Ready 14. BIRTHPLACE (city or town) Jreland	Neme of operation Date of
(State of Loudity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Corbett	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Annie Curbett 16. BIRTHPLACE (city or town) Frelanc ((State or country)	Accident, suicide, or homicide?
17. INFORMANT Shork & Resly to M. (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash. DC Oate /- 22 , 1987	Manner of injury
19. UNDERTAKER Francis G. Collins (Address) 3619-144 A. n. v. Wash D.C.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 1- 22, 1937 ms. W.J. Ratt Registrar.	(Signed) Rey (Lambert M) 0. (Address) Assemble M)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

FOR BINDING

ARGIN RESERVED

-WRITE PLAINLY,

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH	000
	93-0	17
County III anyonary	Registration Dist. No.	6
Village or City Quan Eclastic-TTT 3 -	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Langth of residence in city or town where death occurred 27 yrsmos		
(a) Residence: No. Que Echart TT d	If U. S. Veteran, specify WAR. St., Ward.	*********
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Otate
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowsed	21. DATE OF DEATH (Month) (Day)	193 7
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet I ettended d	looneed from
(or) WIFE of Bany Kirlankacher	Jan 1 10 32 10 Var 12	19.3.7
6. DATE OF BIRTH (month, day, and year) NOS 17, 1866	Wasysaw her aliva on Jan 112 1937	; daath is said
7. AGE Years Months Deys If LESS then	to have occurred on the data stated above, et	
70 4200 - 4 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Treda, profession, or particular kind of work dona, as SPINNER.		Oate of offset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	(050)20/6	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	- colar / rumany	Sudden
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et this occupation (month and 1930) 11. Total time (years) spant in this occupation (month and 1930)	1/2	
12. BIRTHPLACE (city or town) W) ashing los DC	Other Contributory Causes of importance:	CALL MIL
(Stata or country)	Myocardus	Several
13. NAME Charles during 14. BIRTHPLAGE (city or town) ANALL	0	years
14. BIRTHPLACE (city or town)	Neme of operation	
(State of country)	What test confirmed diegnosis? Was there an eu	lopsy?_ PC
15. MAIDEN NAME ALLICA CONTROL OF TOWN OF THE CONTROL OF THE CONTR	23. If deeth wes due to extarnal causes (VIOLENCE) fill in elso tha following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT Hilda TJ. The Llures (Addrass) 4106-5-1 D. N.M. D.C.	Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLAI	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Oate 19.5	Neture of injury	1
19. UNDERTAKER A CANADA COMPANY (Address) Washington Company (Address)	24. Was diseesa or injury in any way related to occupation of deceased?	740
20. FILED. 1-13., 1937 B. C. Jerry M. Registrat.	(Signad) ON MASS (Address) 370 Mass and u.	M. D.
If more blanks are needed, address State Registrar.	2412 N. Charles Street, Baltimbre, Requesting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
3			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 sjear	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

stated EXACTLY. PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WITE N. B.—WRITE PLAINLY,

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(108)
County Mantgomery	Registration Dist. No. 223
Village or City Takoma Bark	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?myrsmos
2. FULL NAME Mr. albert Jack Kok	re-Ts If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Berwyn Marylan If nogresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write than W Single	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. AND HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year)	D I last saw harma aliva on form 1937; death is
AGE Years Months Oays If LESS	
2 6 C I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8 Trade profession or particular	in. were as follows: Date of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	RV lower lake One
9. Industry or business in which	
work was dona, as SILK MILL, du To ggle s ma	77
10. Oata deceased last worked at this occupation (month and spent in this	
year) 12-28-36 occupation 2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wheat	Aklumalia Heart diseaso sek
(Stata or country) Tennessee	
13. NAME Mralbert M. Roberts	
13. NAME Mralbert M. Roberts 14. BIRTHPLACE (city or town)	Name of operation 1001 Oate of
(State or country) Tennessee	What test confirmed diagnosis Falseless. Was there an autopsy?
15. MAIDEN NAME Miss Soffie Mayor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Takends ville	Accident, suicide, or homicide?
(State or country) Tennessee	Whera did injury occur?
meliat Git D	(Specify city or town, county and State)
7. INFORMANT Washingla & Janitarium Keer.	CR
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beowyntrofoate ///	9 Natura of Injury
19. UNDERTAKER J. Jasoh's Sons (Address) Try allowille mil	24. Was disaase or injury in any way related to occupation of daceasad?
(Muspess) / y wasvere my.	If so, specify Jan
20. FILED James 1937 Mocers	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1. week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. I	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 668
1. PLACE OF DEATH County Montgomers	Registration Dist. No. 216
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME VENT	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	2. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (upite the word)	21. DATE OF DEATH (Month) (Day) (Vasr)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet t attended dacaased from
(OT) WIFE OF MANNA Select Registo.	Jan -10 (1936, 10 Jan -30 ,1037
6. DATE OF BIRTH (month, day, and yaar) unknown	l last sew h alive on 19 ; daath is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, at \$\int \colon
8. Treda, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	autrin Charles 1 km Alburn
9. Industry or business in which work was dona, as SLLK MILL,	
O this occupation (month and spent in this	Gerona greguests
year) occupation occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	- furlifis
II 13. NAME & Stagets.	
13. NAME And	Neme of operation
IS MAIDEN NAME Sterabeth Loss	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Of y wheth loss	Accident, suicide, or homicide?Date of injury19
₹ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mota Af Grages (Address) The Senson	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1/23/3,7	Manner of injury
19. UNDERTAKER Ly Walling Co Inc. (Address) 2700 Shire Co Inc.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 2-1, 1937 B. C. Perry M. Rykistrar.	(Signed) believe try alles M. D. (Address) 30 G. Lun M. 9 (L.)
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	, 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance;			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH		(31)
CountyMontg	G.Q	Registration Dist. No. 2/8
Village or City Gaithe. Length of residence in city or town when	rsburg Md C	1 ty No. Methodis Home St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. If of foreign birth? yrs. mos. ds.
		If U. S. Veteran, specify WAR.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIEO, WIOOWEG) January 187 193
	Single	(Month) / (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	11 3 43 1 2	22. HEREBY CERTIFY, That I attended deceased from
- INDIAC	Lork	august, 1934, 10 Jan 18, 19 37
6. OATE OF BIRTH (month, day, and yeer)	July 13th 1860	t last saw h fif alive on Question (18 8 , 19 3 2; death is said
ZAGE Yeers 75 Months	Days If LESS the	
1000	O l day,min.	
8. Trede, profession, or perticuler		Dats of onesat
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Home Work	Chronic in terstitial repliets
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11 11	Corner Jans
10. Date deceased lest worked et this occupetion (month end yeer)	11. Total time (years)	
Virci		Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)		
(State or country)	Rosenberger	- arterios cleros -
13. NAME PTEGGTTCK W Va.	110001001	
4. BIRTHPLACE (city or town)		Neme of operation
(State of Country)		Whet test confirmed diagnosis?
15. MAIDEN NAME MATY M	TORS	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME MATTY M. 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	V-66	Where did Injury occur?
17. INFORMANT Lethodis Hor	,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	hersburg Md	Menner of Injury
Plece Inchestor	a. Dete Jan 20th	Neture of injury
19. UNDERTAKER Ernest C	Gartner	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Gaiti	persburg, Md /	If so, specify
20, FILED Jan 19 193.7 al	ruda & Cook	e (Signed) Epther S. Kushin M. O.
1	Registra	7. (Address) Towardle Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB ± 193.	July 5,1927	Peritonitis	3 days ago	
1 1111111111111111111111111111111111111				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MA

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V. S. No. 1

18. BURIAL CREMATION

(Address)

19. UNDERTAKER

item of inforshould state of OCCUPA-

County_CORPO Village (OF DEATH Management of City Colly Colly Colly or town where	3 to ok (If	1 Ward. Ward. If nonresident greenly or town and State
	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 5a. If married, w	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
8. Trade, p kind SAW 9. Industry work SAW 10. Date de this year 12. BIRTHPLACI (State or	TH (month, day, and year) Years Months Years Months Trofession, or particular of work done, as SPINNER YER, BOOKKEEPER, etc Or business in which was dona, as SILK MILL, RMILL, BANK, etc MILL, BANK, etc E (city or town) R alone country)	11. Total time (years) spent in this occupation 31	22. I HEREBY CERTIFY, That I attended deceased from Place 4 1936, to 1937 I last saw have alive on and 9 1937; death is said to have occurred on the data stated abova, at 2 2 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Our Contributory Causes of importance:
14. BIRTHPI	ACE (city or town) Wake	County D.C.	Name of operation Chrolian studening Date of Dec 25793 What test confirmed diagnosis? Park regions. Was there an autopsy? No. 1
≥ (Sta	ACE (city or town)	mah Moore ke County, n.C.	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
17. INFORMANT (Address	Mrs. L.B.	newell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	CIA	N
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No.	
Z	
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1. PLACE OF DEATH	82-0	223
Village of City Takoma Tark.	No. 43 Newwork	Come Wa
(I Length of residence in city or town where daath occurredmo:	It death occurred in a hospital or institution, give its NAME instead of	street and number)
2. FULL NAME // mnie Mabelle S	umon colegen specify WAR	
(a) Residence: No. 43 - Presselve ave (Usual place of abode)	St., Ward. If nonresident give city o	r town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BYORCED (write the word)	21. DATE OF DEATH	, 193_ 3
ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE (S) LLOZ QL Landner	22. I HEREBY CERT FY, That	I attanded deceased f
5. DATE OF BIRTH (month, day, and year)	Hast saw h. E.R. aliva on J. A.N. 2.6	, 19.27 : death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 25 A-m.	
64 (O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Important as follows:	
8. Trade, profession, or particular kind of work doma, as SPINNES SAWYER, BDDKKEEPER, atc.	arebral hemorrho	Date of on
shind of work dona, as SPINNER SAWYER, BDDKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town Manchester	Dther Contributory Conses of importance:	193
(State or country) 71.84,	01	
13. NAME aved Shellifes 14. BIRTHPLACE (city or town) (State or country)	Name of operation	Date of
TAUTE-TI-		s there an autopsy?
16. BIRTHPLACE (city of lown)	23. If death was due to external causes (VIOLENCE) fill In also the Accident, suicide, or homicida? Date of injunctions.	
17. INFORMANT LEOTGE W. Simonds	Where did injury occur?	oty and State) PUBLIC PLACE.
(Address) 1401-Fairmont. 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place//askr Date Jan 24 1932	- Nature of injury	5.
19. UNDERTAKEN AL D. XT. XYINLS (Address) 2901-142 Styll.	24. Was diseasa or injury in eny way related to occupation of de	ceased?
11 - 118 ()	(Signed) Wy, 4 Shown	the N

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Chronic interstitial nephritis FEB 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and could be seen of the country of	71		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

OCCI bluods JO. PHYSICIAN BINDING RESERVED may RGIN supplied plain in DEATH OF AUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foraign birth?_____yrs.____mos._ Length of rasidanca in city or town S. Veteran, specify WAR... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE (Month) 5a. If married, widowed, or divorcad HUSBANO of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at Q 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Date of onset 8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9, Industry or business in which OCCUPA work wes dona, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased lest worked at 11. Total time (yaers) spant in this this occupation (menth and occupation? 12. BIRTHPLACE (city or town) (Stata or country) FATHER Name of operation_L_LOS-14. BIRTHPLACE (city or town (State or country) What tast confirmed diegnosis? MOTHER 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMA TION, OR REMOVAL Menner of Injury Nature of Injury. 24. Was disease or injury in any way ralated to occupation of dacaased? 19. UNDERTAKER (Addrass) If so, specify

> (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
SAGE REDUCES A LEGISLE				

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county montgement	Registration Dist. No. 2/1
Village or City Damascus	No. St. Ward
Langth of residence in city or town where death occurred yrs, \$72 ms.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds. If U.S. Veteran, specify WAR
garling sud (Usual place of abode) e th or p	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If marriad, widowed, or divorced MITA WILD WILD ON GO (or) WIFE of DONO (1. Source)	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Oct. 21, 1849	I last saw have aliva on 8. () 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated bove, atm.
8 7 2 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Semenalizes Orden andrias Date of onset
SAWYER, BOOKKEEPER, etc.	a hugocardial sharp wing Jan 5 -
kind of work done, as SPINNER, Kind of work done, as SPINNER, Market Company of the second se	······································
10. Data deceased last worked at this occupation (month and 1928 11. Total tima (years) spant in this occupation 2 5 m	<i>S</i>
12. BIRTHPLACE (city or town). Wrainia	Other Contributory Causes of Importance:
(Stata or country)	Cramadia Jan 7
13. NAMEJOSIAH JOSUAL SOUDE	
4 14. BIRTHPLACE (city of town)	Name of operation Date of
(State or country) (Virginical or	What test confirmed diagnosis? Classical Was there en autopsy?
16. BIRTHPLACE (city or town) - Urassia	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (1) (State or country)	Accident, suicide, or homicide? Date of injdry, 19
17. INFORMANT Our William Souder (Address) Sathersburg and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1937	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED Jan 11, 1937 Della Maratt	(Signed) M, D.
If more blanks are needed address State Registrar,	2411 N. Charles Street, Baltinfore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
E production and the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	E-7 (C-12		
			

											PHYSICIAL			
ITEMS 2a,	5, 8,	9,	13,	18,	la,	chang	ged	by	letter	filed	February	20,	1937	under
											Bal timore			
								-						

7	-WRI
S. No.	B.
>.	z

1	. PLACE OF	DEATH			130	106	
	County	Montgamen	η			Registration Dist. No. 2	23.
Н	Village or Cit	y La Roma	Bark		No. Washingt	Santarium & Nosas	As I Was
1	Length of resid	ence in city or town where	death occurred			stitution, give its NAME instead of stree	
2	. FULL NAN	1		Spiller		an, specify WAR	
Ī	(a) Residenc		St.	O. C.	St., Ward.	Thuatts ville. m	d.
		<u>g</u>	(Usual place			Uf nonresident give city or tow	
3. 5		AL AND STATIST	,			CERTIFICATE OF DEAT	TH .
3. 3	male	white	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATI		193 7 (Year)
5e.	If married, widowe HUSBAND of	d, or divorced			22. 1 HEREI	BY CERTIFY, That I ette	nded deceased fr
	(or) WIFE of	~~			Cec 15	, 1936, to Jan 2	
6. I	DATE OF BIRTH (nonth, day, end year) -	Dec. 13,1	884	I lest saw h alive on.	Jun 2 ,19	3.7; death is s
7. /	AGE Yeer		Days	If LESS than I day, 1.3 hrs.	to have occurred on the date s		
-		2	20	#-25_min.	were es follows:	EATH end related ceuses of importence	Date of on:
S	8. I rede, profess	sion, or perticular ork done, es SPINNER, BDOKKEEPER, etc	Merchan		7	discovered.	193
PATION		usiness in which done, as SILK MILL,	, —		Curdio - Vas	cular - Menal	
OCCU	SAW MILL 1D. Date decease		nd. Dair	Troducts time (years)			
ŏ	this occup	ation (month end	/ eng	int in this upation 2 5_			
22		10	tle	d	Other Contributary Causes of i	importence:	
12.	(State or count		ia				
HER	13. NAME	ampden a	piller				
FAT		(city or town) Fig.			Neme of operation	Detc. Detc	of
~	(State or o		rginia		What test confirmed diegnosis		e an autopsy?_]a
MOINE	15. MAIDEN NAM	7	for Wilso	n		causes (VIDLENCE) fill in also the fol	
2	16. BIRTHPLACE	(city or town)	Virginia		Where did injury occur?	? Dete of injury-	, 19
17.	INFORMANTW	1 ()	Sautarium ark md.	Records		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.
18.	BURIAL, CREMAN	ON AR REMOVAL	3-	3 - 1987	Menner of injury		
19.	UNDERTAKER (Address)	W.W. Chan	then G	Horeadale V		ny way related to occupetion of decease	d? 210
	FILED Jan	2,1937	26.8	Rogers	(Signed) QOY	Parriet	

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E	xample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	FER 5 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:	The State of	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Moulganeey	CERTIFICATE OF DEATH
gh. In	Registration Dist. No. 214
Villago or City Tensengles (No. 7) 2FULL NAME Mrs. Bessie &	lecca Lylas (If death occurred in a hospital or institu- in, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED. Wildows OR DIVORCED (Write they word)	16 DATE OF DEATH ON
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Dan 70, 1987,
7 AGE If LESS than	
I day bro	The CAUSE OF BEATH & C.II
62 yrs. 8 mos. 9 ds. or min.	Coronary offundants
8 OCCUPATION (a) Trade, profession or particular kind of work	Cordina Hy Bertinsien Pelmoney
(b) General nature of industry	Tellers
business, or establishment in	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Potomac, nd	Reverse Desta (Duration) yes mos, de.
10 NAME OF John Connell	(Signed) MD.
OF FATHER Z (State or country)	*State the Viscase Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME C O B T	Accidental, Suicidal or Homicidal.
of Mother Mily Benton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Helen Buehler (daughte	
(Address) West ave, Kensington	Washington D. C. Jan. 23. 1937
Filed Jan. 21 197 Margaret C. Tremearn	20 UNDERTAKED
Filed Jan. 21 1997 Margaret C. Tremearn	
If more hanks are needed, addre a State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., www.laborer, state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, without more precise specification as Day (b) Automobile factory. The materia and children, not gainfully em-Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the Disa.
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted; term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failurc," "Haemorrhage," "Shock," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of Dramples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Moul comes	Registration Dist. No. 212
Village or City \ \ Q & \ \ Combra -	Ma Ma
(III	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margant a. Thor	MAR. Voteran, specify WAR.
(a) Residence: No. (Usual place of abode)	SU, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of leave I lambson	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (worth, day, and year) 1000 24-1841	I last saw h 1/2 alive on 2004 12 1937; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
9 5 0 2) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Justine hear
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	descare-
10. Dete deceased last worked at 11. Total time (years)	Myocardeles
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town)	Office Contributory Coules of importance:
(State or country)	4/reme all
13. NAME de Waters	8
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Server 1 3 ay le	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17, INFORMANT Mining Cacio	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1702 - Ling Rd. Wash, W	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hyallolom Date 1/1, 1937	Neture of injury
19. UNDERTAKER TUB. 7 + Q Com.	24. Was disease or injury in eny way related to occupation of deceased
(Address) Democrille ma	If so, specify A P P P P P P P P P P P P P P P P P P
20, FILED Jan 15, 1937 mes CC Hillou	(Signed) M. D.
Registrar.	(Address) 1900/41/1 Stull of Mid

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1901	July 5,1927	Peritonitis	3 days ago
WALKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAI

Village or City Length of residence in city or town where deeth occurred Length of residence in city or town where deeth occurred Length of residence in city or town where deeth occurred VIII death occurred in a hospital or institution, give its NAA Length of residence in city or town where deeth occurred VIII death occurred in a hospital or institution, give its NAA How long in U.S. If of foreign birth? If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (variet be word) Se. If merried, widowed, or divorced HUSBAND of (or) WiFe	ATH 677
Color of Birth (month, day, end year) Color of birth (month)	n Dist. No. 2014
2. FULL NAME (a) Residence: No. (Usual place of abode) (Is nonresides (Month) (Month) (Est saw h. elive on. (Itest saw h. elive on.	
(a) Residence: No. (busin place of abode) (Cusual place	
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6. DATE OF BIRTH (month, day, end year) 19 18 7 8 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked at this occupation (month and year) occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Which City or town) (State or country) 17. INFORMANT (Specify city)	(Dev) (Yeer)
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17. INFORMANT Specify whether injury occurred in INDUSTRY, in F	
17. INFORMANT Specify whether injury occurred In INDUSTRY, In F	
	or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Menner of injury	
Place Drange Var Date John 9 , 1937 Nature of injury	
19. UNDERTAKER Askert Sugardin 24. Wes disease or injury in any way related to occur (Address) Askertle 4000000000000000000000000000000000000	apetion of deceesed?
20. FILED Jan 9 , 1937 margaret C. Tremeame (Signed) Av Coolh	M. E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sals goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsi	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
ET REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 678
1. PLACE OF DEATH	92-9
County Montgomen	Registration Dist, No. 2233
WITH Village or City Talcones Cark med	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city 94 town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawrence Turner	If U. S. Veteran, specify WAR
(a) Residence: No. Maple t Shumeau an (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH Jamuary 7 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of abbie Juriper	22. I HEREBY CERTIFY. That I attended deceased from Quy 25, 1936, to Jan 6, 1937
6. DATE OF BIRTH (month, day, end year) Nov. 2, 1887	I last saw h alive on
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
79 2 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Millal Stenous & wantfreway 1982(!)
19. Industry or business in which	Munate flus 1 1933
work was done as 81 K MHt. remains helps SAW MILL, BANK, etc. 11. Total time (years)	myserial stempensorm a confession 1936
10. Date deceesed last worked et this occupation (month and spent in this	Passine Consester (que of Nov 936
year) occupation	Other Contributory Cause of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Samuel Jurner	
4 14. BIRTHPLACE (city or town) (State or counter)	Name of operation Dete of
15. MAIDEN NAME MARYANEL LEGA CAL	What test confirmed diagnosis? Slugs: evacu- Was there an autopsy? NO
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or Country)	Accident, suicide, or homicide?
17. INFORMANT Coloner Clevery PK 20 (Address) Maklet Sherwan and Taxlore	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Warn montain Date / 9 1932	Nature of injury
19. UNDERTAKER WW Chaulus Co	24. Was disease or injury in eny wey related to occupation of deceased? \(\begin{align*} \D \\ \D \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
20. FILED Jun 7 , 1937 AE Rogers	(Signed) Wilker Charles M.D. (Address) Alexangton May

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		Example I
The principal cause of death and related causes Date of onset of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1915 Attack of epilepsy 1 week ago	1915	Arteriosclerosis
1921 Run over by street car 1 week ago	1921	Chronic interstitial nephritis
ly 5, 1927 Peritonitis 3 days ago	July 5,1927	Cerebral hemorrhage
		FEB 5 1997
Other contributory causes of importance:		Other contributory causes of importance:
ny 1, 1923 Gastroenteritis 1 year	May 1,1923	Gallstones
vy 1,1925 Gastroenteruts	May 1,1923	Gallstones

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE	OF	MARYI	AND-	-CERTIF	CATE	OF	DEATI
SIAIL	OF	MARIL	AIVD.	CLIVIII			DEAL

1. PLACE OF DEATH			(207-10)	
	Co thersburg ere death occurred		Registration Dist. No. 2/8 No. P. F. D. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME Unkno	**	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH (Month) 23/37 , t93 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Unknow	n	22. I HEREBY CERTIFY, That I ettended deceased from	
6. DATE OF BIRTH (month, day, and year)	Unknown	1	I last saw h alive on	
7. AGE Years Months		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Crobably a f	vn	Filled My hour on out of the	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11 11	me (yeers)	Bollower & Strond R	
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)		nt in this spation	Dither Contributory Causes of importance: Deceased staffed off the railrow- track from on approaching South-Lound trains on the	
TI 13. NAME Unkno	own	•	- track in faint of my approaching Northbound too	
14. BIRTHPLACE (city or town)(Stete or country)	18 11		Name of operationsd'; aldonical risers ends date of Whet test confirmed diegnosis? Was there en au'opsy?	
15. MAIDEN NAME			23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Accident. Date of injury	
17. INFORMANTROCKY	Dept, Mond		Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Julie Jlace Railroad Track.	
18. BURIAL, CREMATION, OR REMOVAL CO			Manner of injury Stephed infront of our opproaching towing. Neture of Injury to and matrix trains	
19. UNDERTAKER - HT 19.5 t C	Gartner-		24. Was disease or injury in any way releted to occupation of decaased?	
20. FILED Feb. 2 , 1937 CB	uda J.	Parke. Registrar.	(Signed) Address) garthersburg, Digy	
If r	nore blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
FEB 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923	Gastroenteritis	1 year

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only.	enound hack and supreme of a ham any though

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARVI AND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Montgomery	Registration Dist. No. 217
	No. Mantagmery County Peness / Hosp Ward/
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Quastus Wary	ield If U. S. Veteran, specify WAR
(a) Residence: No. Ylenwood, Maryland	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month, day, and year) May 21, 1918	Viest saw h As alive on 128 1922; death is said
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 163 0 m.
/8 8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Talanus 1/23/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Pleasant 24ill - Balto. Co. (State or country) Mary land	Other Contributory Causes of Importance: Sackrolan right index 1/14/37
13. NAME William Quaystus Warrield	of man.
	Name of operation Region Coencil Date of 1/19/37
(State or country) / Mary land.	Whet test confirmed diagnosis? S. Janes Was there an autopsy? 2-2.1
15. MAIDEN NAME DOVA JOHNSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury
(State or country) Mary and	Where did Injury occur? A Lemmal Flum Brokenile (Specify city or town, county and State)
7. INFORMANT HOSP. records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR, BEMOYAL	the known of the state of the s
Place Ellius City Date 1-3/,1937	Mannar of Injury Caught Among an farty Celler
7011. littan 5	
19. UNDERTAKER (Address)	24. Was diseasa or injury in any way ralated to occupation of deceased? 410
1-21- 27 1 1 12 1	(Signad) M. D.
20. FILED / - 00 -, 190 / C. S. Voarnsly	- A Dh - ha

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Chronic interstitial nephritis p 9 1927	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DOWEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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County Wilage or City Control of the County of the County	1. PLACE (OF MAK	LAND	CERTIFICATE	OF DEAL	681
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME CHARLES LCE LATKINS ST. If U. S. Veleran, specify WAR. (a) Residence: No. (County	mis			(19t)	Registration Di	st No. 211
2. FULL NAME CHARLES LEE JATKINE S. If U. S. Veteran, specify WAR. (a) Residence: No. (Usualphace of abode) PERSONAL AND STATISTICAL PARTICULARS J. SS. (COLOR OR RACE OR NAME ON IVORCED (currie the word) OR DIVORCED (currie the word) SS. III married, widowad, or divorced (WARRIED, WIDOWED) SS. III widowad, or divorced (WARRIED, WIDOWED) SS. III married, widowad, or divorced (WARRIED, WARRIED, WIDOWED) SS. III married, widowad, or divorced (WARRIED, WARRIED, WARRIED, WIDOWED) SS. III married, widowad, or divorced (WARRIED, WARRIED, WARRI	Village or	City ()alm	aben			tution, give its NAME is	St., Wa
(a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARKEED, WIDOWED OB DIVORCED (unive the word) OB DIVORCED (unive t							
3. EX. 4. COLOR OR RACE OR DIVORCED (write the word) 5. Il married, widowad, or divorced HUSBAND of HUSBAND		. 0	aa caa				
Sa. II married, widowed, or crivereed HUSEAND COUNTY (Month) (Dey) (Year) HUSEAND of HUS	PERSO	NAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL O	CERTIFICATE O	OF DEATH
55. If married, widowed, or divorced HUSBAND of Carl MUSBAND o	3. SEX		OR DIVORCED	(write the word)	21. DATE OF DEATH	. 2	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ofmin. No Frade, profassion, or particular kind of work doma, as SPINNER, SAWYER, BOOKEEPER, atc. SAW MILL, BANK, atc. MILL, SAW MILL, BANK, atc. MILL, BANK, at	5a. If married, wide HUSBAND of (or) WIFE of	owad, or divorced	Water				
Trade, prolassion, or particular ware as follows: Trade,	6. DATE OF BIRTH	H (month, day, and year)	neh 30,	1864			
Other Contributory Causes of Importance: Industry or business in which work done as SIR MILL, SAWYER, BOOKEFER, all Causes of Importance in the work was done as SIR MILL, BRITHPLACE (city or town) Industry or business in which work was done as SIR MILL, SAW MILL, BRIK, atc.	7. AGE Y	ears Months	(Days				
Trade, prolassion, or particular side of work done, as SPINKER, sawYER, BOOKKEPER, atc. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. In bis occupation (month and 1927 spant in this occupation work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. It is occupation (month and 1927 spant in this occupation was part in this occupation). The spant in this occupation was part in this occupation (State or country) It is IRTHPLACE (city or town). Is a spant in this occupation. The spant in this occupation was diagnosis. It is IRTHPLACE (city or town). Is a spant in this occupation. The spant in this occupation. The spant in this occupation was diagnosis. The spant in this occupation was diagnosis. The spant in this occupation. The spant in this occupation. The spant in this occupation was diagnosis. The spant in this occupation was diagnosis. The spant in this occupation. The spant in this occupation was diagnosis. The spant in this occupation. The spant in this occupation. The spant in this occupation was diagnosis. The spant in this occupation. The spant in this occupation. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of discovery and State. The spant in this occupation of the spant	12	1	23		The PRINCIPAL CAUSE OF DEA	ATH and related causas	
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this occupation (month and 9 ? spant in this occupation	work w	vas dona, as SILK MILL,	(الملاب	-4/	helelinoseo	and his	L 0
12. BIRTHPLACE (city or town)	U 10. Date deces		11, Total tin	ne (years)	lennenes	L. mananica	Jan.
12. BIRTHPLACE (city or town)	this occ year)	cupation (month and 192	7 spant		The state of the s		Mag
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. SAME 21. SAME 22. SAME (Address) 23. Il death was dua to extarnal causas (VIOL ENCE) fill in also tha following: Accident, suicida, or homicida? Copyright or town, country and State) Spacify whathar injury occurred in INDUSTRY, in PAME, or in PUBLIC PLACE. Manner of injury Natura of injury Natura of injury 24. Was diseasa or injury in any way ralated to occupation of daceasad? If so, specify (Signad) M. (Addrass) M. (Addrass) M. (Addrass)	12 DIDTUDI ACE	lo o d	an His	me	Other Contributory Causes of im	portance:	
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CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5EB 6 1931	11		
V 5.			
Other contributory causes of importance:	arrang s	Other contributory causes of importance:	F-1-1-
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Montgomery	Registration Dist. No. 2/4
Village or City who alone	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (John Edward Vois	~ ~ ~ ~ ~
	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH
m w.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Margaret 3 Weisman	Oct 10 19.36, to Jun 12 19.37
6. DATE OF BIRTH (month, day, and year) July 9- 63	Hast saw harm alive on Jan 11 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
73 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Chronic myo carditio Byens
SAWYER, BOOKKEEPER, etc.	arteriosclarisis Shelinga
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic & nterstitial Reflictes & morde
10. Date deceased last worked at this occupation (month and spent in this	7
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dall & Sun	Wenia 7 Jane
(State or county)	
14. BIRTHPLACE (city or town) Land	
14. BIRTHPLACE (city or town)	Nama of operation. Name Date of
	What test confirmed diagnosis? Law Courty Was there an autopsy? No
Ξ /// Χ	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Whera did injury occur?
17 INFORMANT Miss Blanche Waisman,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Wheaten ma- (daughter)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It form where 14 193	Natura of injury
19. UNDERTAKER Draws 6 Joy 6	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Wash	If so, specify
20. FILED June 2, 1937 Toloudly	(Signed) A A A A MARINE M. D.
Reflect.	(Address) 928 Ships With I they prince
if more blanks are needed, address State-Registrar,	2411 N. Charles Street, Baltimore, Requesting Uls. No. 1. Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I to the same of t	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy.	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	landine.	
May 1 1009	Other contributory causes of importance:	1
Muy 1,1920	(HIST DETICTUES	1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy. 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.

STATE OF	MARYL	AND-CER	TIFICATE	OF D	EATH
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V	8	U

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 223
Village or City Tafeoma Park ma	eath occurred in a horpital or institution, give its NAME instead of street and number
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Frence L. White	If U. S. Veteran, specify WAR
(a) Residence: No. 210 Raymond St. Chev	ysharf Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) W Marked Marke	21. DATE OF DEATH au. 23 ,193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Arthur 7. White	22. I HEREBY CERTIFY, That I attended deceased from 22, 1937, to 23, 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h. L. alive on 23, 1937; death is sald
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
41 14 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	o Influenzal broncho 6 dans
9. Industry or business in which work was dona, as SILK MILL, Oleve home	Sprengefina of
10. Oate deceased last worked at 11. Total time (years)	(3) Ofe miles, The
yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salt Lake City, Utalie (State or country)	and the state of
	assumed gracies go
13. NAME Gearge Leek 14. BIRTHPLACE (city or town) alleredale Illi	The marginary
Y 14. BIRTHPLACE (city or town) Ullude del del	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jennie C. Struble 16. BIRTHPLACE (city or town). Blumington Kansas. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town). I Share Manage (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Sauitarium Recards.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OF REMOVAL Place Washington Doale 1-23-1937	Manner of injury
19. UNDERTAKER THE SHIP HINES 60 C. (Address) 2961-144 M. W. Wash D. C.	24. Was disease or Injury in any way related to occupation of deceasad?
20. FILED Jun 23 137 JE Progers Registrar.	(Signed) Chang H of others M. D. (Address) Laphungten Sandaria
If more blanks are needed, address State Registrar,	1 1 1 1 4 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RHQEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2			

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	IS A PERMANENT RECORD. Every item of infor-	PHYSICIANS should state
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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	46 A
· County morelgomens	Registration Dist. No. 213
Village or City Rockvelle	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos
2. FULL NAME Rollin Wines	If U. S. Veteran, specify WAR
(a) Residence: No. 7900-13 th (Usual place of	St. N. Wword. washington A.C.
PERSONAL AND STATISTICAL PARTICI	ULARS MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (Wilder	write the word)
5a. If married, widowed, or divorced	(multing) (Day) (Teal)
HUSBAND of Cor) WIFE of Emmal Win	22. I HEREBY CERTIFY, That I attended deceased from
71.1.12	January 17, 1937, 10 January 19, 1937)
6. DATE OF BIRTH (month, day, and year)	last saw hand alive on January, 19.3.7; deeth is said
7. AGE Years Months Days	If LESS than to have occurred on the date steted abova, at
	ormin. were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Caremona of Cashlague
SAWYER, BDDKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work doile, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Indidstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and spent)	(years)
yaar) occupa	
12. BIRTHPLACE (city or town)	Guidi Gaadiaati, Gaata (i Importanto.
(Stete or country)	
13. NAME Eugene L. Win	es
14. BIRTHPLACE (city or town)	Nama of operation
(State or country) This	What test confirmed diagnosls? X Roy Was there an autopsy?
15. MAIDEN NAME M. Swees	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 77. Swely 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Deta of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Lillian &, we (Address) 7900-13 th	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL WOSE.	Manner of injury
Place W autum of ton Date of an	19,193.7 Nature of injury
19. UNDERTAKER John R. Wrug (Address) 1337-107h	24. Was disease or injury in any way related to occupation of deceased? N
- wash,	(Signed) Read Again All a grand of the
20, FILED Jan 1937 78 handen	(Signed) (Sangaman Wesner M. D. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- V. W.	77			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4900 00
Village or City Jakoma Park	No. Washington Sanitarium and Baspital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town whera deeth occurredyrsmos.	
2. FULL NAME Mrs Murtle Allaine Win	≤\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(a) Residence: No. 1400 Fifth Street M.W. (Usual place of abode)	St., Ward. Washington Dl. V. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Separated 4. COLOR OR RACE OR DIVORCED (write the word) Separated	21. DATE OF DEATH January 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not QUEN	22. I HEREBY CERTIFY, Thet I ettended decaased from
6. DATE OF BIRTH (month, day, and year) Warch 1881 7. AGE Yeers Months Deys If LESS than	I last sew hard elive on Jam . 2 ,19 3 7; death is seld
55 10 26 1 dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work donn, as SPINNER, SAWYER, BOOKKEPER, etc	it andy
work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Dete deceased lest worked at 11. Total time (yeers)	<u></u>
this occupation (month and year) Section 1944 spant in this 1944	Other Contributory Causes of Importance:
(Steta or country)	peritoneum.
13. NAME GENTLE GIADINGS 14. BIRTHPLACE (CRY or town)	Name of operation in palorature Dete of Dec. 23
(Stete or country)	What test confirmed diegnosis? Was there an autopsy? He
15. MAIDEN NAME ala Neuton	23. If deeth wes dua to externel ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington Santarium Record	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
Place of a survey of the part	Menner of injury Nature of Injury
19. UNDERTAKER Saffell (Address) 733-45-7	24. Was disease or injury in any wey related to occupetion of deceased? WO
20. FILED Jan 3., 19. 3 P. 70. E. Rogerson	(Signed) Warres M. D. (Addrass) Warres in Paylerin
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Talana Post.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and the state of t	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1937	July 5,1927	Peritonitis	3 days ago
2				
Other contributory can	uses of importance:	11/1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS S. HELL MARKE 1. Guille or Giverned (a) Residence: No. (b) Charlese of shock) PERSONAL AND STATISTICAL PARTICULARS S. HELL MARKE 1. Guille or Giverned (a) Residence: No. (b) Replication of the house of shock) PERSONAL AND STATISTICAL PARTICULARS S. HELL MARKE S. SINGLE MARKED WHOWED OR BUSSERD On- who work) S. HI married, wildowed, or divorced (muscal house) (muscal house) S. Hi married, wildowed, or divorced (muscal house) S. Hi Last sow Nr. Silve on J. Last sow Nr.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 686
Village or City Langth of residence in city or John where death occurred. Langth of residence in City or John where death occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No	1. PLACE OF DEATH	(183)
Langth of residence in city of going, where death occurred. Longth of residence in city of going, where death occurred. Langth of residence in city of going, where death occurred. Langth of residence in city of going, where death occurred. Langth of residence in city of going, where death occurred. S. FULL NAME (a) Residence: No. (busing lace of abodo) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. CALOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVARCED (critic the word) S. H. MARRIED, WIDOWED, OR DIVARCED (critic the word) S. H. Married, widowed, or divorced HUBBARD of (critic the word) S. H. Married, widowed, or divorced HUBBARD of (critic the word) S. Tade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North work was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular North Was done, as SPINNER, S. Trade, profession, or particular	County All onlyonge	Registration Dist. No. 2/6
Length of residence in city or gown, where death occurred. 2. FULL NAME (a) Residence: No		
(a) Residence: No. (bustplace of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Calor or RACE OR DIVARCE (where the word) 5. If married, widowed, or divorced (cr) WHE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. GOLOR OR RACE OR DIVJOKCED (write the word) 5. If married, widowed, or divorced HUSSAND or WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oeys If LESS than 1 day	2. FULL NAME Stephen I Jour	If U. S. Veteran, specify WAR smable to find out
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. GQLOR OR RACE OR DIVSKED Cwrist the word) 5. SINGLE, MARRIED, WIDOWED. OR DIVSKED Cwrist the word) 5. SEX 4. GQLOR OR RACE OR DIVSKED Cwrist the word) 5. SINGLE, MARRIED, WIDOWED. OR DIVSKED Cwrist the word) 5. LI married, widowed, or divorced (or) Wilfe of (or) Wilfe	(a) Residence: No. Anthrony	St., Ward. Whether warrelerlan or not
3. EX. 4. CQLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Curvic the word) Control of		
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If more blanks are needed, address State Registrar, 2AII N. Charles Street, Baltimore, Requesting T. S. No. 1.	Registrar.	(Address) Collevelle, flee

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had so occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
SUSPERIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year